



WATER CONNECTION PERMIT APPLICATION TOWN OF LEXINGTON DPW ENGINEERING/WATER DIVISIONS

REV. 4/19/2002

BY APPLICANT

APPLICANT: _____ DATE: _____
 SITE SUPERVISOR: _____ OFFICE TEL.: _____
 CELL TEL.: _____

DESCRIPTION: _____

<input type="checkbox"/> SERVICE	<input type="checkbox"/> RESIDENTIAL	<input type="checkbox"/> FIRE PROTECTION	<input type="checkbox"/> NEW CONNECTION	PIPE DIA.: _____
<input type="checkbox"/> MAIN	<input type="checkbox"/> COMMERCIAL	<input type="checkbox"/> DOMESTIC	<input type="checkbox"/> MODIFY EXIST. CON.	LENGTH: _____

STREET: _____

ADDRESS: FROM: _____ TO: _____

CROSS STREET: FROM: _____ TO: _____

MAP: _____ LOT: _____

DIG SAFE NO. _____ ☐ WATER MARKOUT - 72 HR Advanced Notice Required

APPROVED DISINFECTION CONTRACTOR:* _____

APPROVED PRESSURE TESTING CONTRACTOR:* _____

* WATER LINES GREATER THAN 2" ONLY

APPLICANT SIGNATURE _____ PRINT NAME _____

BY TOWN

SHOP DRAWING

<input type="checkbox"/> PIPE	<input type="checkbox"/> CORPORATIONS	<input type="checkbox"/> JOINT RESTRAINTS	<input type="checkbox"/> BACKFLOW PREVENTER
<input type="checkbox"/> TUBING	<input type="checkbox"/> CURB STOPS	<input type="checkbox"/> VALVE BOXES LID	<input type="checkbox"/> COUPLING
<input type="checkbox"/> GATE VALVES	<input type="checkbox"/> HYDRANTS	<input type="checkbox"/> SADDLE	<input type="checkbox"/> SERVICE BOXES LIDS
<input type="checkbox"/> TAPPING SLEEVES	<input type="checkbox"/> FITTINGS	<input type="checkbox"/> METER	

PLANS/PERMIT

<input type="checkbox"/> STAMPED PLAN	FEES	INSPECTION: _____
<input type="checkbox"/> "AS BUILT"		EXTRA FOOTAGE: _____
<input type="checkbox"/> PROOF OF PROPERTY RIGHTS		TAP FEE: _____
<input type="checkbox"/> MWRA CONNECTION PERMIT		PREVIOUS CHARGE (STUB): _____
<input type="checkbox"/> DEP CONNECTION PERMIT		CHARGE IN LIEU OF BETTERMENT: _____
<input type="checkbox"/> STATE HIGHWAY ACCESS	<input type="checkbox"/> ENGINEERING INSPECTION	
	<input type="checkbox"/> WATER DEPT. INSPECTION	
TESTING		
<input type="checkbox"/> DISINFECTION		
<input type="checkbox"/> PRESSURE TESTING		
<input type="checkbox"/> COMPACTION		
<input type="checkbox"/> REPLACE SERVICE BOX	<input type="checkbox"/> APPLICATION INCOMPLETE	
	<input type="checkbox"/> APPLICATION DENIE	ENGINEERING DIVISION
	<input type="checkbox"/> APPROVED FOR ISSUE	